Volunteer Application



Personal Information

First Name Last Na		Name	
Address	City	State	Zip
Phone Number	Email		
Birthdate What is the be	est way to contact you?	Phone L Email	
In case of emergency contact: Name	Relationship) F	Phone
How many hours a week are you available to	volunteer? 1-3	3-5 5-7	
What days/times are you available to volunte	er? M T W Th F Sa	at am pm	
Why do you want to volunteer at the Mount V	ernon City Library?		
Please list any special skills, education, hobbio			
Please list any physical or other special needs	that should be consider	ed in your volunteer p	nacement:
Areas of Interest:			
Youth Services - children's program support, Public Services - adult program support, Support Services - boxing books, cleanin Outreach and Marketing - outreach program One time event support	cleaning and shelving m g audio visual materials,	aterials, weeding and shelf reading, tech as	sistance
I understand that if I am accepted as a volunteer cand conduct a state patrol criminal background check in a Additionally, you must provide proof of full vaccinatio considered fully vaccinated two weeks after their seco	accordance with RCW 43.43. on against COVID-19 to volun ond dose in a two-dose serie	830-839. teer at the Mount Vernon s or two weeks after a sinç	City Library. People are
Applicant Signature			
If under 18. Parent or Guardian Signature reg	uired		Date

Please return completed application to the Mount Vernon City Library, or email to: andreaa@mountvernonwa.gov. Questions? Call the library at 360.336.6209 ext. 2204.